

Docket No. 87326.3600 Customer No. 30734

UTILITY PATENT APPLICATION UNDER 37 CFR 1.53(b)



Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Case Docket No. 87326.3600

Sir:

Transmitted herewith for filing is the patent application of:

INVENTOR(s): James T. STENBERG

FOR: SWITCHLESS COMBINING SYSTEM AND METHOD

Enclosed are:

| [X] | 18 pages comprised of 1 cover sheet, 10 pages of specification, 6 pages of claims, and | | | | | |
|--|--|--|--|--|--|--|
| | 1 page of abstract | | | | | |
| [X] | Declaration & Power of Attorney | | | | | |
| [] | Priority Claimed from US Provisional Application No. , filed . | | | | | |
| [] | Certified copy of | | | | | |
| [X] | 8 sheets of drawings (FIGS. 1-9) | | | | | |
| [X] | An assignment of the invention to SPX CORPORATION, and the assignment recordation | | | | | |
| | fee. | | | | | |
| [X] | Return Receipt Postcard | | | | | |
| [] | Information Disclosure Statement, Form PTO-1449 | | | | | |
| [] | Copies of IDS Citations | | | | | |
| [] | Other: The undersigned hereby declares that this applications meets the qualifications for | | | | | |
| | Small Entity Status under 37 C.F.R. 1.9(f) and 1.27(c) - Small Business Concerns - | | | | | |
| | Independent Inventor. | | | | | |
| [] | Other: | | | | | |
| The filing fee has been calculated as shown below: | | | | | | |

| | (1) FOR | (2) NO. FILED | (3) NO. EXTRA | (4) RATE | (5) AMOUNT |
|----------------------------------|--------------|-------------------|------------------|-------------|-----------------|
| TOTAL CLAIMS | 23 | -20 | 3 | x \$18.00 = | \$ 54.00 |
| INDEPENDENT CLAIMS MULTIPLE DEPE | 3 NDENT | -3 | 0 | x \$84.00 = | \$ 00.00 |
| CLAIM(S) (If applicable) | | | + \$280.00 = | | 0.00 |
| . , | , | | BAS | SIC FEE | \$ 750.00 |
| | | oove calculations | = | | \$ 804.00 |
| [X] Assignment & R | ecording Fee | | | | \$ <u>00.00</u> |
| | | | TOTAL FI | E E | \$ 804.00 |

[] Attached is a check in the amount of \$00.00. A duplicate copy of this sheet is enclosed.

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- [] Please charge my Deposit Account No. 50-2036 in the amount of \$0.00. A duplicate copy of this sheet is enclosed.
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2036. A duplicate copy is enclosed.
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 - [X] Any patent application processing fees under 37 CFR 1.17.
 - [X] Any filing fees under 37 CFR 1.16 for presentation of extra claims.

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Respectfully submitted,

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